



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUL 24 2017

Ms. Antonia Mann-Ruane, MS
Residential Director
NHS Montgomery County
Attn: Patricia Neill
400 North Broad Street
Lansdale, Pennsylvania 19446

RE: Northwestern Human Services
Of Montgomery County
478 Bethlehem Pike
Fort Washington, Pennsylvania 19034
License #: 127950

Dear Ms. Mann-Ruane:

As a result of the Department of Human Services' licensing inspection on March 29, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Adams".

Patricia Adams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 12795 - 03/29/2017 - Kazimer, Lauren
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 Resident # 1's Simvastatin 40 MG, was not available for administration from 03/24/17 to 3/29/17. The home has not submitted an incident report to the Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home will report incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. The home administrator will inform staff of all reportable incidents and what is required to be reported to the Department at the mandatory staff meeting on 5/25/17. This topic will be discussed at future staff meetings quarterly.
 The home will also post the list of reportable incident in the staff office.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Antonia Mann Borg, MS Resident Rep Director* Date *5/18/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/29/17*
 (Date)

Plan of correction implementation status as of *6/29/17*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*
 (Initials)

Violation Report: 12795 - 03/29/2017 - Kazimer, Lauren
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.


2a. DESCRIPTION OF VIOLATION
 Resident # 2's nebulizer machine (not in use) was observed on the floor in the common living area of the home. In addition, the face mask of the nebulizer was dirty and laying on top of a dusty bookcase dusty in the same room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident's #2 nebulizer machine was cleaned and placed in the medication cabinet, where it will be stored and cleaned after each use.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Andrea Mann-Kaye, MS Resident Director Date 5/16/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/5/17</u> (Date)	Plan of correction implementation status as of <u>6/29/17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12795 - 03/29/2017 - Kazimer, Lauren
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 Two black trash cans in the kitchen did not have lids.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Trash cans in the kitchens will have lids and posting will be placed above each trash can advising staff not remove the lids from the trash can. If a lid is missing staff should report it to the administrator or personal assistant immediately.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Androna Man-lue, MS Doctor* Date *5/16/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/29/17*
 (Date)

Plan of correction implementation status as of *6/29/17*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12795 - 03/29/2017 - Kazimer, Lauren
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION
 On 3/29/17, the bottom of the kitchen freezer had a layer of meat drippings and food debris.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff will be reminded to clean all surfaces, including the refrigerator and freezers during each shift at our mandatory staff meeting on 5/25/17. The administrator will add an addendum to the daily chore list to check for any meat drippings and food debris.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anderson-Mann, Lauren* *Residential Director* Date *5/16/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/29/17</u> (Date)	Plan of correction implementation status as of <u>6/29/17</u> (Date)
The above plan of correction was approved by <u><i>LM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12795 - 03/29/2017 - Kazimer, Lauren
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 Hamburger patties were observed in the kitchen freezer undated and unlabeled.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff will be reminded to date and label food at our monthly staff meetings.

Staff will be trained on importance of labeling and dating food within 30 days receipt of approved POC

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Resident*
Andrea Munn-We, Resident Date *5/16/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/29/17</u> (Date)	Plan of correction implementation status as of <u>6/29/17</u> (Date)
The above plan of correction was approved by <u><i>AW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12795 - 03/29/2017 - Kazimer, Lauren
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2800
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home's menu, dated February 2017, was posted in the kitchen, which is usually locked by the staff and inaccessible to residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

As of 5/22/17 the home will post monthly menus and will be posted in the kitchen and in the dining area. On 5/22/17 the June menu will be posted for the month. We will continue to post monthly menus each month.

Staff will be trained on posting of menus within 30 days receipt of approved POC (u)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anna Marie Richards, Resident Care* Date *5/16/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/5/17</u> (Date)	Plan of correction implementation status as of <u>7/5/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12795 - 03/29/2017 - Kazimer, Lauren
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

- Resident # 1 is prescribed Acetaminophen 325 MG, Fiber Caps 0.52 GM, and Ibuprofen 200 MG PRN. On 3/29/17 the medications were not available for administration.
- Resident # 3 is prescribed Docusate Sodium 100mg PRN. The medication was administered daily at 8:00 am and 8:00 pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The medication for Resident #1 was sent back to the Pharmacy and ordered by staff due to the medication being expired. The medications mentioned above for resident #1 was delivered to the home on 3/29/17 that afternoon on the day of the inspection. (please see documents).

The home will have a staff member check all MARS when they come in for the month and check the medication against the MAR. The administrator or personal assistant will also check the new MAR so that it will be two people checking the MAR to avoid any errors starting 5/29/17. Please see copies of Resident #3 MAR which shows that it was corrected and Docusate Sodium 100mg is documented as PRN

The home will audit for expired medications. The audits for medications and the MARS will be maintained for Department review, effective immediately. @

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Abraham Hernandez Director* Date *5/16/17*

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The above plan of correction is approved as of *7/5/17* (Date)

Plan of correction implementation status as of *7/5/17* (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 12796 - 03/29/2017 - Kazimer, Lauren
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 3/27/17, Resident # 3's MAR was not initiated nor was the blood sugar count recorded for the 8:00 pm accu-check.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home will ensure that all medications administration should be recorded at the time the medication is administered. The administrator will remind staff to document on the MAR when they administer medications and to record all blood sugars. The administrator will remind staff quarterly during monthly staff meetings.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alana Mann-Boyer, MS Resident and Admin* Date *5/16/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *4/5/17*
 (Date)

Plan of correction implementation status as of *7/5/17*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12795 - 03/29/2017 - Kazimer, Lauren
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 is prescribed Simvastatin 40mg. It was not available for administration from 03/24/17 to 3/29/17.
 Resident # 3's Truform Stocking were not available for application 03/12/17 to 3/18/17.
 - Resident # 3 is prescribed Docusate Sodium 100mg PRN. The medication was administered daily at 8:00 am and 8:00 pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home will ensure that all medications are available and at the site. Staff will be required to complete a weekly MAR audit effective 5/22/17(see document). The administrator will also complete a weekly MAR audit and review all staff weekly MAR audits. A MAR audit was completed by the administrator on 5/12/17

The home will ensure that Resident #3 Truform Stockings,are available for application, Resident #3 Stockings are kept in the medication cabinet. They will be offered to him and if he refused staff are instructed to document the refusal on the MAR. The administrator will remind staff at our scheduled monthly meeting on 5/25/17

The home will have a staff member check all MARS when they come in for the month and check the medication against the MAR. The administrator or personal assistant will also check the new MAR so that it will be two people checking the MAR to avoid any errors starting 5/29/17. Please see copies of Resident #3 MAR which shows that it was corrected and Docusate Sodium 100mg is documented as PRN

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Antoine M. [Signature], MD	5/16/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/5/17</u> (Date)	Plan of correction implementation status as of <u>7/5/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12795 - 03/29/2017 - Kazimer, Lauren
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.221(b) - The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

2a. DESCRIPTION OF VIOLATION
 The home's activities program does not include any social, physical and intellectual activities. Bingo is listed, however the residents report it is not played

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home will ensure that the activity calender includes, social, physical and intellectual activities. The activity calender will be discussed at the staff meeting on 5/25/17 to remind staff that they should be encouraging residents to participate in activities. They should be initiating the activities and pulling down the board games and bingo. (Please see activites calender)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Andrew Mann - PCH, MS	5/16/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/5/17
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 7/5/17
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented